

**Agreement for Partner Receiving Direct Support from the Alabama Interfaith Refugee Partnership, Inc.**

**English – January 2022 Revision**

Our foremost goal in the Alabama Interfaith Refugee Partnership (ALIRP) Direct Support initiative is to welcome refugee and asylum-seeking families (Partners) to our community and to help ensure that they are safe, given the best chance of pursuing asylum, and given power and control over their lives. We ask all ALIRP Partners to review and sign the following form to clarify the types of assistance that ALIRP can provide, and the expectations of ALIRP Partners. On behalf of the ALIRP, we want you to know that you are welcomed, and that we are here to support you on your journey.

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to receive support from the Alabama Interfaith Refugee Partnership, Inc. (ALIRP).
2. I understand that I have a right to safety, privacy, and security. If I experience anything that makes me uncomfortable as a result of my interactions with ALIRP volunteers, I will report this to the Coordinator of the ALIRP Direct Support/Volunteer Committee or to my Care Team Coordinator.
3. I understand that I am free to discontinue the relationship with ALIRP or an ALIRP volunteer at any time.
4. I understand that any details about my story will be treated with respect and confidentiality, and not released or told to anyone without my permission. I understand that photos or videos of me will not be posted online or shared through any means without my permission.
5. I understand that the volunteers who support me also have a right to safety, privacy, and security. I will not share information about the volunteers, including their names or phone numbers, without their permission. I will not post photos or videos of volunteers to social media without their permission. I will not engage in abusive or dishonest behavior in my dealings with volunteers.
6. I understand that ALIRP volunteers are mandated to report any suspicion of abuse or neglect. I understand ALIRP volunteers are also required to report any concerns I may express about harming myself or another person.
7. I will not ask for or receive cash or material gifts from ALIRP individual volunteers. I understand that volunteers from ALIRP will work together and with me to determine what support I need and for what length of time (including but not limited to furniture, clothing, food support, transportation, etc.).
8. I understand that any work done for pay before a work permit is given, could directly harm or jeopardize my asylum case.
9. I understand that it is not legal to drive a car without a U.S. driver’s license and adequate insurance.
10. In order to protect my health, and the health of ALIRP volunteers, I will obtain a health exam for myself and my minor children (if applicable), and comply with all follow up and medical procedures. This includes follow up for immunizations. I understand that in order for me to have direct indoor contact or receive automobile transport from an ALIRP volunteer, I must show proof of COVID 19 vaccination.
11. I understand that my support from ALIRP may be terminated if I break any laws of the USA, sell or possess illegal drugs.
12. I understand that it is important to be honest when discussing my case with attorneys or legal representatives in order to improve my chances of achieving the immigration status I am pursuing.
13. I understand if I violate any of the above expectations, ALIRP may terminate our relationship and end their support.
14. I meet the following criteria for ALIRP support:
	1. I am a refugee, unaccompanied minor, or seeking asylum or other type of humanitarian immigration status.
	2. I will seek a legal consult if I do not already have an attorney.
	3. I will seek employment if I have a work permit or will apply for a work permit and seek employment as soon as possible.
	4. I have no criminal record.
	5. I have never been deported from the United States.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment A - Consent for Sharing Information about Initial Legal Consult

In order for the Alabama Interfaith Refugee Partnership (ALIRP) board to make a determination about eligibility for ALIRP support of refugee or asylum-seeking Partner families, we ask each prospective Partner to obtain an initial legal consult with an immigration attorney. Your signature on this form authorizes the attorney to share with the ALIRP board the attorney’s assessment of whether or not the prospective Partner has a credible case for asylum or other humanitarian immigration status, and whether or not the prospective Partner is eligible to apply for a work permit.

I authorize the immigration attorney (name of attorney)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to share information with the ALIRP board about the attorney’s assessment of whether or not I have a credible case for asylum or other humanitarian immigration status, and whether I can apply for a work permit.

Printed Name of Partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consentimiento Para Compartir Información Sobre la Consulta Legal Inicial

Para que la junta de Alabama Interfaith Refugee Partnership (ALIRP) tome una determinación sobre la elegibilidad para el apoyo de ALIRP para familias de socios refugiados o solicitantes de asilo, le pedimos a cada socio potencial que obtenga una consulta legal inicial con un abogado de inmigración. Su firma en este formulario autoriza al abogado a compartir con la junta de ALIRP la evaluación del abogado de si el socio potencial tiene o no un caso creíble de asilo u otro estado de inmigración humanitaria, y los próximos pasos recomendados para solicitar asilo y un permiso de trabajo, y si el socio potencial es elegible o no para solicitar un permiso de trabajo.

Autorizo ​​al abogado de inmigración (nombre del abogado) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

para compartir información con la junta de ALIRP sobre la evaluación del abogado de si tengo o no un caso creíble de asilo u otro estado de inmigración humanitaria, y si estoy elegible para solicitar un permiso de trabajo.

Nombre del socio en letra de imprenta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firmado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del testigo en letra de imprenta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firmado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_